

For customers

Business protection financial questionnaire

To be completed by the policyholder.

Policy number

Please read these important notes before completing this questionnaire.

About this questionnaire

- Please complete in BLOCK CAPITALS and in ballpoint pen.
- If you don't answer the questions fully and accurately, we may not pay a claim and the whole policy may be cancelled, not just the benefit under which you're claiming.

Please give the reason for this application – tick all that apply:

- Key person – loss of profits/replacements costs – complete all of parts 1 and 2
- Key person – commercial loan protection – complete all of parts 1, 2 and 3
- Share/Partnership protection – complete all of parts 1 and 4

If you don't answer the questions fully and accurately, we may not pay a claim, and the whole policy may be cancelled, not just the benefit under which you're claiming.

Part 1

To be completed for all applications.

Personal details of the insured person

Full name of insured person

Remuneration package (salary + bonus) for each of the last three years (please complete relevant years)

20	20	20
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Date of birth (dd/mm/yyyy)

£	£	£
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1.1 Do you have any existing cover (including death in service) or are you applying to another provider for cover?

No

Yes – give details below

If any existing cover is being cancelled, please tell us the policy number.

Existing or concurrent	Sum insured	Life protection, CI or TPD benefit*	Reason for cover	Is this being cancelled?	Company and policy number
	£				
	£				
	£				
	£				

*CI - critical illness, TPD - total permanent disability

Details of company/partnership

Full name of company/partnership

Number of employees

Nature of the company's/partnership's business

Date of the company/partnership accounting year-end (dd/mm/yyyy)

Date company/partnership was established (dd/mm/yyyy)

1.2 What is the company's/partnership's trading figures for the last three years (please complete relevant years)?

	20	20	20
Turnover	£	£	£
Gross profit/(loss)	£	£	£
Pre-tax net profit/(loss)	£	£	£

- If the trading figures show a **gross or net loss** in the last two financial years:
 - please provide the report and accounts for the last two years, and
 - please provide an explanation for the loss and details of any actions taken to address it.

If you don't answer the questions fully and accurately, we may not pay a claim, and the whole policy may be cancelled, not just the benefit under which you're claiming.

Part 2

To be completed for all key person applications including loan protection.

(To be completed in addition to Part 1)

Questions

2.1 What are the skills/attributes that make this insured person key to the company/partnership?

2.2 What calculation (to include figures and formula) was used to determine the level of sum insured applied for?

2.3 What percentage shareholding does the insured person hold within the company/partnership?

%

2.4 Are other key individuals being covered?

No

Yes – give details below

Name	Position	Sum insured	Benefits	Company that policy is with
		£		
		£		
		£		

Part 3

To be completed for all key person commercial loan protection applications.

(To be completed in addition to Parts 1 and 2)

Loan details

Lender's name

Borrower's name

Amount borrowed or outstanding amount if an existing mortgage

£

Term of the mortgage or outstanding term if an existing mortgage

Date funds were released

D	D	M	M	2	0	Y	Y
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Questions

3.1 If the term of the loan is different from the term of this application, please tell us why.

3.2 Will the death or diagnosis of a critical illness result in the company/partnership being totally unable to service and repay the loan?

Yes

No – tell us why cover is needed

If you don't answer the questions fully and accurately, we may not pay a claim, and the whole policy may be cancelled, not just the benefit under which you're claiming.

Part 4

To be completed for all share/partnership protection applications.
(To be completed in addition to Part 1)

Questions

4.1 What percentage shareholding does the insured person hold in the company/partnership?

 %

4.2 What value's been placed on the company/partnership?

 £

4.3 What calculation (to include figures and formula) was used to determine the company's/partnership's value?

4.4 Who has calculated the company's/partnership's value?

4.5 Is there a 'double option' or 'buy and sell' agreement in place?

Yes – if the application includes CI/TPD, does the agreement cater for payment under all relevant events?

Yes

No

No – tell us why cover is needed

4.6 If the policyholder is the company, does the share agreement allow the company to buy back its own shares?

Yes

No

4.7 How many shareholders/partners does the company/partnership have?

4.8 Are policies being taken out on all shareholders/partners?

Yes – give details in the table below of any applications submitted to Aegon

Name	Shareholding	Sum insured	Benefits
	%	£	
	%	£	
	%	£	

No – tell us why in the space below

You must tell us if any of the information supplied changes between when you complete this questionnaire and the policy's start date.

Part 5

Declaration – to be completed by the policyholder.

I acknowledge that this questionnaire forms part of my application. To the best of my knowledge the information and statements made in this questionnaire are true and complete. If the statements aren't true and complete and/or I don't tell Aegon about any changes before the policy starts then it **might result in loss or cancellation of the protection**. I confirm that I've read over any answers that I didn't fill in and they're correct.

Print name

Position

Date

D	D	M	M	2	0	Y	Y
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Signature

X	X
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